

DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

P69019US0

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

"An injection moulding system for a material vulcanizable by heat"

which is described and claimed in:

☒ the attached specification

☐ PCT International Application No. _____

filed _____

☐ the specification in application Serial No. _____

filed _____

(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

MI2002A 001695

ITALY

30/07/2002

(Number)

(Country)

(Day/Month/Year Filed)

☒ Yes

☐ No

MI2002A 001694

ITALY

30/07/2002

(Number)

(Country)

(Day/Month/Year Filed)

☒ Yes

☐ No

MI2003A 000294

ITALY

19/02/2003

(Number)

(Country)

(Day/Month/Year Filed)

☒ Yes

☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____

Filing Date _____

Application No. _____

Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00138

or

JACOBSON HOLMAN

PROFESSIONAL LIMITED LIABILITY COMPANY

400 SEVENTH STREET, N.W.

WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN

PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME COSCIA	GIVEN NAME Giovanni	MIDDLE NAME Antonio
	RESIDENCE & CITIZENSHIP	CITY Varese	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Via Casluncio 16	CITY Varese	STATE OR COUNTRY Italy
202	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE July 1, 2003	DATE	DATE

☐ Additional inventors are named on separately numbered sheets attached hereto.

SMALL ENTITY DECLARATION
[37 CFR 1.9(c-f)]

Each undersigned declares that:

- (1) ☒ the application attached hereto.
- (2) ☐ U.S. Application Serial No. _____, filed _____
- (3) ☐ U.S. Patent No. _____ Issued _____
- is entitled to the benefits of "small entity" status for paying reduced fees under 35 USC 41(a) and (b) to the Patent and Trademark Office by virtue of the following:
- (4) ☐ Each undersigned declares that he/she qualifies as an independent inventor, or would qualify had he/she made the as defined in 37 CFR 1.9(c).
- (5) ☒ The undersigned declares that he/she is an official empowered to act on behalf of the concern identified below; that concern qualifies as a small business concern as defined in 37 CFR 1.9(d); that exclusive rights to the invention have been conveyed to and remain with the small business concern, or if the rights are not exclusive, that all other rights belong to small entities as defined in 37 CFR 1.9.
- (6) ☐ The undersigned declares that he/she is an official empowered to act on behalf of the organization identified below; that organization qualifies as a nonprofit organization as defined in
- (a) ☐ 37 CFR 1.9(e)(1)
- (b) ☐ 37 CFR 1.9(e)(2)
- (c) ☐ 37 CFR 1.9(e)(3)
- (d) ☐ 37 CFR 1.9(e)(4) State law of _____ ;
that exclusive rights to the invention have been conveyed to and remain with the organization, or if the rights are not exclusive, that all other rights belong to organizations as defined in 37 CFR 1.9.
- (7) Each person, concern or organization to which I/we have assigned, granted, conveyed or licensed, or am under an under contract or law to assign, grant, convey, or license any rights in the invention is listed below:
- (a) ☒ no such person, concern or organization
- (b) ☐ persons, concerns or organization listed below
[a separate declaration is required from each named person, concern or organization having rights to this invention averring to their status as "small entities."]

Full Name _____

Address _____

☐ Individual

☐ Small Business Concern

☐ Nonprofit Organization

I/we acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement of small entity prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I/we hereby declare all statements made herein of his/her own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

(8)

_____ Typed Name of Inventor	_____ Signature	_____ Date
_____ Typed Name of Inventor	_____ Signature	_____ Date
_____ Typed Name of Inventor	_____ Signature	_____ Date
_____ Typed Name of Inventor	_____ Signature	_____ Date

(9)

RUTIL S.r.l. Name of Small Business Concern or Nonprofit Organization

COSCIA, Giovanni Antonio By _____

RUTIL S.r.l. Typed Name _____

Chairman Signature _____

Chairman Title of Signatory _____

July 1, 2003 Date

INSTRUCTIONS FOR THE COMPLETION OF SMALL ENTITY DECLARATION

Check box (1) if for use with application about to be filed.

Check box (2) or (3) if for use with application already on file or Patent and complete U.S. Serial No. and Filing Date, or Patent No. and issue date, if known.

CHECK ONLY ONE OF BOXES 4, 5 OR 6, WHICHEVER IS APPLICABLE

Check box (4), individuals who are either: (a) an inventor or (b) a person who would qualify as an independent inventor had he/she made the invention, must sign and date at (8), if he/she have not, and are under no obligation to assign, grant, convey or license any right in the invention to any person who could not likewise be classified as an independent inventor if that person had made the invention or to any concern which would not qualify as a small business concern or non-profit organization (see below).

Check box (5), date, complete name of small business concern and authorized signatory, sign and complete his/her title at (9), if small entity status is claimed by virtue of inventor(s) rights having been, or being obligated to assign, grant, convey or license, to a concern whose number of employees, including those of its affiliates, does not exceed 500 persons. Concerns are affiliates when either controls, directly or indirectly, or has the power to control, the other, or a third party has the power to control both. Number of employees is average over fiscal year of those employed during each pay period, including full-time, part-time or temporary employees. If the small business concern has or is under obligation by contract or law to transfer any rights to another who cannot qualify as small entity, then small entity status not applicable.

Check box (6) and subsection (a), (b), (c) or (d), date, complete name of the nonprofit organization and authorized signatory sign and complete his/her title at (9), if small entity status is claimed by virtue of inventor(s) rights having been, or being obligated to, assign, grant, convey or license, to a nonprofit organization. Subsection (6)(a) to be checked if organization is university or other institution of higher learning; (6)(b) to be checked if organization of type described in Section 501(c)(3) of IRS Code and exempt from taxation under Section 501(a); (6)(c) to be checked if organization is nonprofit scientific or educational organization qualified under a statute of State of the U.S.; and (6)(d) to be checked if foreign organization and would qualify under (6)(b) or (6)(c) if such organization was located in the U.S.A. Fill in the State law under which the organization would qualify.

Check box (7)(a) or (b) as the facts dictate.

IMPORTANT

(1) Note that U.S. lawyers and agents cannot complete this document after signed. Therefore please completely fill it in before sending to us.

(2) Each person, concern or organization that has an interest in this invention must sign one of the "Small Entity" Declarations. For example, if an inventor/employee has an obligation to assign to his employer, a corporation having fewer than 500 employees, which corporation has licensed this invention to a licensee corporation also having less than 500 employees, then three "Small Entity" declarations are necessary before the lesser fee can be paid: one from the inventor; one from an official of the employer; and one from an official of the licensee. In the declarations by the inventors and the employer paragraph 7(b) would have to be checked and filled in, the licensee would check paragraph 7(a).

We will be pleased to answer your questions. You may contact us in the following ways:

JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY

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